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# What You Need To Know About A Do Not Resuscitate Order (DNR)



This pamphlet will help you to decide what should be done for you if you stop breathing and/or your heart stops beating. It will explain Cardiopulmonary Resuscitation (CPR) and tell you what a Do Not Resuscitate order (DNR) will mean for you.

## What is Cardiopulmonary Resuscitation (CPR)?

CPR is an emergency measure that is used to keep your heart and lungs working so that you will not die.

If you stop breathing and/or your heart stops beating, these are the things that may be done to revive you (bring you back to life):

- Artificial respiration (using mouth-to-mouth or a machine to help you breathe)
- Chest compressions (pushing on the chest to move blood through the heart)
- Special medications
- Special tools to help you breathe (such as a ventilator)



## Facts About CPR

If you stop breathing and/or your heart stops beating, healthcare providers (such as doctors, nurses, paramedics) are required by law to give you CPR unless you have a Do Not Resuscitate order. Even if you call 911 from your home, the paramedics and firefighters that respond to your call will have to give you CPR unless you have a DNR.

## What is a Do Not Resuscitate order (DNR)?

A DNR is a legal document (signed paper) that tells staff not to revive you if you stop breathing and/or your heart stops beating.

Some people have an illness from which they are not going to recover. These people may not want special measures to be taken if they stop breathing and/or if their heart stops beating. They may feel that a DNR is right for them.

## What a DNR is Not

A DNR is not the same thing as euthanasia (assisted suicide).

A DNR is not a choice that someone else makes for you. It is a choice that you make for yourself and one that you should discuss with your doctor and your family.

A DNR does not mean that you will not be cared for. Your doctors and nurses will still do everything that they can to make sure you are free of pain and discomfort at the end of life.

### **Another Way of Thinking About a DNR**

Some doctors think that “Do Not Resuscitate” sounds negative or scary, as though something is going to be taken away from you. It might help to think about a DNR a little differently—it is a choice that is being given to you.

“Do not resuscitate” is another way of saying “allow a natural death”. It is a plan for the end of life that seeks to provide you with comfort and dignity.

Choosing a natural death does not mean that you have to give up your quality of life.



### **Who Decides?**

It is up to you to decide if a DNR is right for you. Talk with your doctor or nurse to find out more about your illness. This will help you to make an informed choice. You should discuss your choice with your family and your doctor so that everyone knows what

your wishes are. If you become too ill to make decisions for yourself, your doctor will ask your substitute decision maker to choose whether or not CPR is right for you. It is best to express your wishes to your family so that the choice is yours.

You should also know that this choice is not final. You can change your mind at any time. Whatever you decide, your doctor(s) and nurse(s) will still provide you with quality care and pay close attention to your comfort.

If you have any questions about CPR or DNR, talk to your doctor or nurse.



**Do Not Resuscitate Confirmation Form**  
To Direct the Practice of Paramedics and Firefighters after February 1, 2008  
*Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:

<b>Patient's name – please print clearly</b>	
Surname	Given Name

- "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
  - Chest compression;
  - Defibrillation;
  - Artificial ventilation;
  - Insertion of an oropharyngeal or nasopharyngeal airway;
  - Endotracheal intubation;
  - Transcutaneous pacing;
  - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
- For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ) has been met and documented in the patient's health record.

A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.

The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one  of the following:  M.D.  R.N.  R.N. (EC)  R.P.N.

<b>Print name in full</b>	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.